

AO 435 (Rev. 10/05)				Administrative Office of the United States Courts					
TRANSCRIPT ORDER									
Read instructions on Back									
1. NAME Monica Switzer for Douglas Irish, Esq.			2. PHONE NUMBER (602) 262-0841		3. DATE 9/21/2006				
4. FIRM NAME Lewis and Roca									
5. MAILING ADDRESS 40 N CENTRAL AVE			6. CITY PHOENIX		7. STATE AZ		8. ZIP CODE 85004		
9. CASE NUMBER 4:05-CV-00415		10. JUDGE Collins JCG		11. DATES OF PROCEEDINGS 10/18/2005				12.	
13. CASE NAME Cashman v. Nationwide				14. LOCATION OF PROCEEDINGS				15. STATE	
16. ORDER FOR									
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY			
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER (Specify)			
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)									
PORTIONS		DATE(S)		PORTION(S)		DATE(S)			
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)					
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)									
<input type="checkbox"/> OPENING STATEMENT (Defendant)									
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING					
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)									
<input type="checkbox"/> OPINION OF COURT									
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)					
<input type="checkbox"/> SENTENCING				Motions hearing		10/18/05			
<input type="checkbox"/> BAIL HEARING									
18. ORDER									
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	ADDITIONAL COPIES	DELIVERY INSTRUCTIONS					
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EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	ELECTRONIC COPY:					
DAILY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES 1	DISK <input type="checkbox"/>					
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	E-MAIL <input checked="" type="checkbox"/>					
				E-MAIL ADDRESS mswitzer@lr-law.com					
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).									
19. SIGNATURE s/Douglas Irish									
20. DATE 9/21/2006									
TRANSCRIPT TO BE PREPARED BY				NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.					
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DEPOSIT PAID									
TRANSCRIPT ORDER									
TRANSCRIPT RECEIVED									
ORDERING PARTY'S NAME									
TO PICK UP TRANSCRIPT									
PARTY RECEIVED TRANSCRIPT									

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